



## DOG & CAT ADOPTION APPLICATION

### APPLICANT INFORMATION

Name (First, Middle, Last) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you 18 years of age or older: ☐ Yes ☐ No

### APPLICANT QUESTIONS

Do you or anyone in your household have pet allergies? ☐ Yes ☐ No

Do you currently have a veterinarian? ☐ Yes ☐ No

Is this your first time adopting from Beaumont Animal Care? ☐ Yes ☐ No

Do you have any children 10 or younger at home (we use this information to help you find the perfect pet)? ☐ Yes ☐ No

### ANIMAL TO BE ADOPTED – TO BE COMPLETED BY BEAUMONT ANIMAL CARE STAFF

**Type:** ☐ Dog ☐ Cat | **Gender:** ☐ Male ☐ Female | **Spayed / Neutered:** ☐ Yes ☐ No

Name: \_\_\_\_\_ System ID #: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Age: \_\_\_\_\_ Rabies Tag Number: \_\_\_\_\_

### ACKNOWLEDGEMENTS

1. I acknowledge receiving from Beaumont Animal Care custody of the above described animal.
2. I will comply with all City ordinances and state laws related to the proper and humane treatment of animals.
3. I understand that Beaumont Animal Care does not guarantee the age, health, training, or temperament of any animal.
4. Beaumont Animal Care reserves the right to decline any application



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**RETURN APPLICATION HERE**

Beaumont Animal Care  
1884 Pine Street  
Beaumont, Texas 77703  
409-838-3304  
Animal.Care@BeaumontTexas.gov

**SIGNATURE**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_